

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045185

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10958

FILED NOV 22 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in lb 36 yrs		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1445a Benton St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) John R. Barciszewski			4. DATE OF DEATH November 4, 1963			5. SEX Male			6. COLOR OR RACE White		
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 5/8/1915			9. AGE (last birthday) 48			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Worker		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Worker			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) Illinois			12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Alexander Barciszewski			13b. MOTHER'S MAIDEN NAME Anna Zienta			14. NAME OF HUSBAND OR WIFE None			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) Yes WW II		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Helen Kassel, 5540 Greer Ave.			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Edema; Contrib. cause DUE TO (b) Cirrhosis DUE TO (c) 334X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE			21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 11/5/63			23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		
23b. DATE 11-7-63			23c. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery			23d. LOCATION (City, town, or county) DuBois, Ill.			24. FUNERAL DIRECTOR Kringer Funeral Home, Ashley, Ill.		
25. DATE RECD. BY LOCAL REG. NOV 5 1963			26. REGISTRAR'S SIGNATURE Karl Smith, M.D.								

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Stanley H. Dixon*

Licensed Embalmer No.

*4193*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.